



**APPLICATION
INSPECTION AND TESTING TECHNICIAN**

Date Received

For Official Use

Date of Application: _____

Applicant's Full Name: _____

Applicant's Complete
Mailing Address: _____

Social Security Number (Last Four Digits): _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Company You Work For: _____

- Please Define ☐ Is or will soon be a licensed Fire Sprinkler Contractor – Level 3
The Nature of ☐ Is or will soon be a licensed Fire Sprinkler Inspection and Testing Contractor (I&T)
Your Employer: ☐ Owns the facility I work in and employs me full time to perform other regular duties

Have you ever performed any work of a nature similar to this certification before? _____

If so, under who or what company? _____

For how many years? _____

Have you ever been convicted of a Felony? _____

If yes, please explain: _____

- Select One: ☐ Per WAC 212-80-175 (1), I possess NICET certification level 2 in Inspection and Testing of Water-Based Systems.
☐ Per WAC 212-80-175 (2), I possess the NICET elements necessary to qualify for state certification only.

You must provide documentation from NICET for verification of either option.

"I have read and am familiar with the requirements of WAC 212-80-175, all of its subsections, and shall comply with all relevant sections of RCW 18.160 and WAC 212-80. All information I have included in this application process are true and accurate to the best of my knowledge."

Applicant's Signature

Date of Signature

Print Your Complete Name Clearly and Legibly